



STATE OF CONNECTICUT

DEPARTMENT OF VETERANS' AFFAIRS

OFFICE OF THE COMMISSIONER

287 West Street

Rocky Hill, Connecticut 06067

Dr. Linda S. Schwartz, RN, MSN, DrPH, FAAN
Commissioner

TESTIMONY OF COMMISSIONER LINDA S. SCHWARTZ, RN, MSN, DrPH, FAAN

Connecticut Department of Veterans' Affairs

Presented to the Select Committee on Veterans' Affairs

February 25, 2010

RSB 211 AN ACT CONCERNING CRIMINAL CASES OF PERSONS WHO HAVE RETURNED FROM SERVICE WITH THE ARMED FORCES

Chairman Maynard, Chairman Graziani and distinguished members of the Select Committee on Veterans' Affairs, I am pleased to offer testimony in support of RSB 211 which would authorize the Chief Court Administrator to establish a separate docket in any court for hearing criminal matters in which a defendant has returned from service with the armed forces. I would like to thank the Committee for your interest and leadership on this very vital issue.

My support of this bill is contingent on its design to utilize *existing, already funded* alternatives to incarceration and veterans' treatment programs that are available through a variety of state and Federal agencies.

The Connecticut Department of Veterans' Affairs (DVA) first became aware of this problem in November 2007 when we learned that veterans returning from Iraq and Afghanistan had problems which had come to the attention of Connecticut's legal and court systems. In February 2008, Surgeon General of the Army Lt. General Eric B. Schoomaker met with me and several State Directors of Veterans Affairs in Washington, D.C. and reported that a number of service members from Connecticut National Guard and Reserve units were being arrested for problems with substance abuse, driving under the influence, thrill-seeking behaviors, domestic violence, suicidal behavior and aggressive confrontations which often included weapons. This was a concern to all because there was strong evidence to suggest these problems were associated with military service and the difficult transitions from combat areas to reintegration back into community life.

When this problem first came to my attention, Brig. Gen. (Ret.) Dan McHale, Connecticut's Transitional Assistance Advisor, and I met with the Commissioner of Mental

Health and Addiction Services, Chief Public Defender, Chief State's Attorney and the Chief Court Administrator to discuss options. In addition to these individuals, I also spoke with the Director of the Federal VA Health Care System and the Chief of Psychiatry at VA Connecticut and team leaders of the VA Vet Center Program. We also contacted the Connecticut's Police Chiefs Association and the Connecticut Bar Association to distribute information on the special needs of returning veterans to help increase awareness of law enforcement officers in every municipality in the state. We also worked with the Connecticut Christian Conference of Churches and presented workshops on the needs of returning veterans for members of the clergy and pastoral counselors. All were very supportive of this concept and believed that it was possible to implement a jail diversion program for veterans.

Soon after these initial contacts, Governor M. Jodi Rell announced that Connecticut had received a five-year federal grant from the SAMHSA Center for Mental Health Services for a new community-based treatment program to help veterans who may be at risk for involvement in the criminal justice system as a result of PTSD or TBI injuries received during service in combat zones. This grant program, being administered by the Department of Mental Health and Addictions Services (DMHAS) and piloted in New London County, is designed to divert veterans who have committed minor crimes from jail to community agencies and services.

I see the proposed RSB 211 to be a natural evolution of this initiative which can build on the framework being piloted in New London. Last year, similar legislation was proposed in the General Assembly and failed to gain support because of concerns about the cost of implementing the program. I also share this concern and would add that many existing resources can be brought to the table to provide meaningful treatment modalities, supervision and support systems that can adequately address the needs of veterans and the concerns of the Court. We favor the concept of a "special docket" over the establishment of a dedicated "veterans court" because the number of cases involving veterans in Connecticut has not been fully determined nor the actual needs for treatment assessed. The "special docket" is a cost-effective and realistic first step which will provide valuable information on the need to maintain or expand this approach.

The pilot program in New London has yielded some data which suggests that intercept early in the judicial process, prior to sentencing is productive and that referrals to many existing veteran-centered systems of care such as the VA Medical Center and outpatient clinics, Vet Centers, community mental health authorities and homeless programs can be made at no



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additional expense to the State of Connecticut. The projected expense for implementing this legislation may be even less costly given the fact the US Secretary of Veteran Affairs Shinseki has made this alternatives to incarceration for veterans one of his top concerns.

Not only has the Federal VA launched their own "Veterans Justice Outreach" program, Secretary Shinseki has authorized new full-time staff for this program to augment already existing positions in each VA Medical Center. This program is a commitment that VA intends to establish points of contact with law enforcement, community services, judges, prosecutors and public defenders with a strategy to intervene on a veteran's behalf in much the same way as the DMHAS grant is presently piloting. At the same time, Secretary Shinseki realizes that an alternative to incarceration is an issue which requires support at the State and local court system level. VA is also funding programs throughout the Nation to provide training to law enforcement officers about the needs of veterans and resources available for treatment and support provided to veterans by Federal agencies.

For over 15 years, the Connecticut Veterans Home at Rocky Hill has provided a residential substance abuse recovery support program. We are the only state in the nation to provide this specialty care to veterans at a State Home. Our program provides residential care and support services for up to two years and has been selected by some judges as an alternative to incarceration for veterans. We receive a VA per diem payment for each veteran in our Residential Program (\$34.40/day) which helps offsets the cost of care and professional staff for this program. We work with the courts to assure that veterans referred from the judicial system meet any special requirements such as completion of substance abuse and driver safety awareness courses, community service or specific mental health referrals. Our staff has had experience with both the parole and probation systems. We believe that this program is a valuable asset and resource which can be a key component in any plans for alternatives to incarceration for veterans in Connecticut.

We are acutely aware of the fact that the veterans returning home now are very different than the veterans of my generation or my father's World War II generation. While they are not encumbered with validating the legitimacy of Post Traumatic Stress, they have brought the issues of PTSD and Traumatic Brain Injury to the forefront. The rapid transition from combat and the military to community and family is a challenge that sometimes overwhelms even the most solid

citizen. Returning veterans must adjust in mere hours from living “on the edge” in combat for months at a time to civilian life in Connecticut. This process has consequences. Some veterans drive at excessive speeds and engage in unsafe thrill-seeking behaviors to achieve an “adrenaline rush” they maintained in order to function overseas and make it home alive. These are unfortunately also violations of the law. Symptoms of Traumatic Brain Injuries and Post-Traumatic Stress and the residual deficits that result can range from profound, easily recognizable problems to subtle difficulties with perceptions, anger, judgments, memory and concentration.

We have learned a great deal from the mistakes of the past. Vietnam veterans who did not receive the benefit of a program like this have faced decades of struggles and legal problems. We now know that early interventions and therapeutic treatment and rehabilitation give returning veterans a better chance and a better quality of life and the chance to reach their highest level of function and productivity. By enacting this legislation, Connecticut will join 22 other states in providing a pragmatic and cost-effective program that will offer the men and women who have served this country the opportunity they deserve without compromising the safety of the citizens we serve.

Thank you for your consideration of this legislation and I would be happy to address any questions that you may have.

CONNECTICUT Expenditures in \$000s										
County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pensions	Construction ²	Education & Vocational Rehabilitation/ Employment	Loan Guaranty	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
FAIRFIELD	48,768	\$ 93,969	\$ 31,821	\$ -	\$ 1,904	\$ -	\$ -	\$ 7,119	\$ 53,124	9,313
HARTFORD	60,861	\$ 170,178	\$ 60,795	\$ 5	\$ 15,184	\$ -	\$ 7,972	\$ 6,052	\$ 80,169	13,437
LITCHFIELD	16,164	\$ 29,036	\$ 12,973	\$ -	\$ 626	\$ -	\$ -	\$ 1,204	\$ 14,233	3,303
MIDDLESEX	14,032	\$ 31,263	\$ 12,962	\$ -	\$ 802	\$ -	\$ -	\$ 1,194	\$ 16,305	2,598
NEW HAVEN	56,686	\$ 246,839	\$ 64,990	\$ 1,462	\$ 10,337	\$ -	\$ 5,718	\$ 5,348	\$ 158,984	17,093
NEW LONDON	27,421	\$ 62,549	\$ 31,848	\$ -	\$ 8,601	\$ -	\$ -	\$ 1,857	\$ 20,243	4,631
TOLLAND	11,747	\$ 19,595	\$ 9,227	\$ -	\$ 1,067	\$ -	\$ -	\$ 771	\$ 8,530	1,840
WINDHAM	9,964	\$ 26,495	\$ 11,418	\$ -	\$ 4,324	\$ -	\$ -	\$ 437	\$ 10,316	1,721
CONNECTICUT (Totals)	245,643	\$ 679,924	\$ 236,036	\$ 1,467	\$ 42,845	\$ -	\$ 13,691	\$ 23,982	\$ 361,903	53,936
CONG. DIST (01)	49,322	\$ 132,798	\$ 50,918	\$ 10	\$ 9,989	\$ -	\$ -	\$ 4,363	\$ 67,518	11,205
CONG. DIST (02)	64,797	\$ 143,326	\$ 67,149	\$ 399	\$ 14,819	\$ -	\$ -	\$ 4,673	\$ 56,286	11,007
CONG. DIST (03)	47,390	\$ 200,503	\$ 54,336	\$ 977	\$ 8,900	\$ -	\$ -	\$ 4,220	\$ 132,069	15,011
CONG. DIST (04)	36,734	\$ 68,462	\$ 22,995	\$ 81	\$ 1,327	\$ -	\$ -	\$ 5,840	\$ 38,220	6,453
CONG. DIST (05)	47,399	\$ 134,572	\$ 40,421	\$ -	\$ 7,812	\$ -	\$ 13,691	\$ 4,826	\$ 67,822	10,261
CONNECTICUT (Totals)	245,643	\$ 679,661	\$ 235,818	\$ 1,467	\$ 42,847	\$ -	\$ 13,691	\$ 23,922	\$ 361,916	53,936
Notes:										
*Veteran population estimate as of September 30, 2008 by the VA Office of the Actuary (VetPop 2007).										
†In some counties and congressional districts, construction expenditures might be shown as "negative" numbers. Negative expenditures indicate de-obligations of fund as a result of										
**Unique patients are patients who received treatments at a VA health care facility. Data are provided by the Allocation Resource Center (ARC).										
1. Expenditures are rounded to the nearest thousand dollars: "\$1" = \$500 to \$1,000; "\$0" < \$500; and "\$." = 0.										
2. Expenditures presented at the county level for compensation, pension, education and vocational rehabilitation reflect the dollar values of actual payments made to individuals.										
3. The Compensation & Pension category includes expenditures for the following programs: veterans' compensation for service-connected disability; dependency and indemnity compensation for service-connected deaths; veterans' pension for nonservice-connecte										
4. Medical Care category includes medical services, medical administration, facility maintenance, educational support, research support, and other overhead items. Medical Care does not include construction or other non-medical support expenditures.										
5. Total expenditures by sum of counties may be slightly different from those calculated by sum of 110th Congressional Districts. The differences are resulted from rounding.										



Types of Discharge-

2004

	State Prisons	Federal Prisons
Total number	127,500	12,500
Honorable	61.6%	65.3%
General (honorable conditions)	16.9%	15.9%
General (other)	3.1%	1.9%
Other than honorable	8.8%	6.4%
Bad conduct	3.0%	2.5%
Dishonorable	2.8%	5.6%
Other	3.7%	2.4%

Source: Bureau of Justice Statistics

Department of Veterans' Affairs
Veterans Justice Outreach (VJO) Initiative

The VJO initiative is designed to prevent homelessness by connecting eligible justice-involved Veterans with needed mental health, substance abuse, and other VA services, when possible, as an alternative to incarceration or other traditional criminal sanctions.

Defining Justice-Involved Veterans

A justice-involved Veteran is:

- A Veteran in contact with local law enforcement who can be appropriately diverted from arrest into mental health or substance abuse treatment;
- A Veteran in a local jail, either pre-trial or serving a sentence; or,
- A Veteran involved in adjudication or monitoring by a court

Related Issues

- Reentry for Veterans being discharged from State and Federal Prisons
- Disruptive Behavior Committees to establish individualized strategies for safe management of Veterans who are dangerous to other patients, visitors, or providers

DUSHOM Memo to VISN Directors

Designation of a Full Time Veteran Justice Outreach (VJO) Specialist at every VAMC

Requirements for VA Medical Center and VISN activity focused on justice involved Veterans:

- VA Medical Centers must provide outreach to justice-involved Veterans in the communities they serve
- In communities where justice programs relevant for Veterans exist, VA will take the initiative in building working relationships to see that eligible justice-involved Veterans get needed care
 - Veterans courts
 - Mental Health courts
 - Drug courts
 - CITs

Veterans Justice Outreach Specialists

Each VAMC has designated a VJO specialist

- Responsible for
 - Outreach, assessment, case management for justice involved Veterans in local courts and jails
 - Liaison with local justice system partners
 - Providing/coordinating training for law enforcement personnel
- Specialists will
 - Assist in eligibility determination and enrollment
 - Function as members of court treatment teams
 - Refer and link Veterans to appropriate providers

Partnership with State Directors of Veterans Affairs

- State Veterans Affairs provide additional benefits to veterans
- Help identify areas in each state that would be ripe for Veterans courts
- Leverage strong relationships with Veteran advocacy groups
- Leverage established relationships with law enforcement
- VHA provides healthcare and treatment

OVERVIEW
of
The Connecticut STAND DOWN Veterans' Court
for
The Hon. Eric Shinseki, Secretary, U.S. Department of Veterans' Affairs
Submitted by Dr. Linda S. Schwartz, Commissioner

In actuality, veterans with unresolved legal issues were a major force behind the Connecticut Department of Veterans' Affairs efforts to initiate "Stand Down" in 1992. Many veterans living at the Rocky Hill Veterans' Home (Average Daily Census=380) had pending legal problems which prevented them from renewing their driver's licenses and applying for employment. When we first started, Connecticut Stand Down was a 2 ½ day event fully resourced by the state and supported by the then-Governor Lowell Weicker.

At that time, the Court was held on Friday with magistrates, judges and public defenders, prosecutors and support staff from the Judicial System. Because this was our maiden attempt, veterans looking for assistance were asked to "Pre-Register" with information describing the pending legal problems and listing the city, town or court of jurisdiction. Judicial System employees would pull these cases and bring them to Stand Down for hearings and disposition.

In 2005, we were able to upgrade the Court program with computer technology. The Connecticut Divisions of Criminal Justice and the Public Defenders coordinate with our agency to establish court services on the day of Stand Down. Court Information Technology Systems staff work with our IT Department to establish communication with the courts throughout the state. Cases are reopened on-site and heard by assigned magistrates/judges. A veteran with pending legal issues only has to visit the Public Defender tent at Stand Down to begin the process. In a procedure very much akin to medical "triage," legal staff work to find the best available resource to assure that veterans are referred to someone who can actually help them.

Free legal counsel is provided to each veteran coming before the Stand Down Court. Pre-disposition meetings are held, face-to-face between prosecutors, public defenders and veterans before the case is presented to the judge. The types of violations are all misdemeanors. Most cases involve minor motor vehicle infractions, child support, "failure to appear," and unpaid fines that have accrued years of interest. With more severe cases, veterans also have the opportunity to meet with an attorney and/or a public defender privately. Some of the more complicated cases are followed after Stand Down. In addition to public defenders, we also have representatives from the Board of Pardon to assist veterans wishing to remove legal charges from permanent records to improve chances for housing and employment and income. The Attorney General's Office also has a cadre of lawyers who are available to assist veterans. The court is a very popular service and we find some veterans attend Stand Down just for this unique service.

A primary goal of the Stand Down Court has been to clear the veteran's record in order to initiate the process for veterans to have their drivers licenses restored. While the fee to reopen cases is waived by the Court, the veteran must pay a heavy fee (\$125) to restore his/her driver's license. In cases where licenses are reinstated, many veterans do not have the cash to pay the fee. Each year through donations earmarked for this purpose we are able to provide limited vouchers to cover this restoration fee. The CT Department of Motor Vehicles (DMV) is on-site during Stand Down to complete this transaction. Until recently the DMV also had a mobile unit on-site where veterans could renew or reapply for their drivers' licenses; however these units are no longer operational, and veterans must get their actual license off-site. Some of the key individuals involved in the Court Process at Stand Down include: the magistrate, judge, court reporter, public defenders, prosecutors, judicial marshalls, and DMV staff.

2009 – 114 cases resolved
2008 – 115 cases resolved
2007 – 120 cases resolved
2006 – 108 cases resolved
2005 – 115 cases resolved